Pennsylvania Department of Health

PLAN OF CORRECTION (POC)		` '	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 392050		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/14/2023	
NAME OF PROVIDER OR SUPPLIER: GOOD SHEPHERD PENN PARTNERS SPECIALTY HOSPITAL AT RITTENHOUS			STREET ADDRESS, CITY, STATE, ZIP CODE: 1800 LOMBARD STREET PHILADELPHIA, PA 19146					
STATE LICEN	NSE NUMBER: 22460101							
(X4) ID PREFIX TAG	SUMMARY STATEMI MUST BE PRECE IDEI		ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE		
P 0000	This report is for new Imaging System (GF Prussia Road, Radno August 11, 2023. Go Speciality Hospital Awere in full compliate Pennsylvania Depart Regulations for Hosp Subparts A and B, N June 1998.	King of ang on artner of they ents of the s and art IV,	P 0000					
LABORATOR	Y DIRECTOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGN	NATURE		TITLE:	(X6) DATE:		

State Form 0UGD11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

GOOD SHEPHERD PENN PARTNERS SPECIALTY HOSPITAL AT RITTENHOUS

STATE LICENSE NUMBER: 22460101 SURVEY EXIT DATE: 07/14/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY